



**Public Health**  
Prevent. Promote. Protect.

De Pere Health Department

## 2024-2025 ESTABLISHMENT LICENSE APPLICATION



### ESTABLISHMENT INFORMATION:

ESTABLISHMENT/DBA NAME:		ON-SITE CONTACT:	
ESTABLISHMENT STREET ADDRESS:	CITY:	STATE:	ZIP:
EMAIL ADDRESS:		ESTABLISHMENT PHONE NUMBER: (     )     -	
Choose One:	<input type="checkbox"/> Plan Review Required – New Construction or Remodel;		<input type="checkbox"/> No Plan Review – Existing Facility

### LEGAL ENTITY INFORMATION – CHECK ONE

<input type="checkbox"/> Individual	<input type="checkbox"/> Married Couple	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Corporation
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership (LP)	In what state is your entity registered?	
LEGAL ENTITY (such as name of sole proprietor, partnership, LLC, LLP, or Inc.):				COUNTY:
LEGAL ENTITY MAILING ADDRESS:		CITY:	STATE:	ZIP:
EMAIL ADDRESS:		LEGAL ENTITY PHONE NUMBER: (     )     -		

### FACILITY CONTACT INFORMATION

CONTACT PERSON:	TITLE:	PHONE NUMBER: (     )     -	EMAIL ADDRESS:
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### LICENSE TYPE AND FEE – Obtain fees from Page 2 fee schedule

Total Amount Enclosed: \$	Check Number:

### Please read carefully before signing

In accordance with Chapter 106 of the De Pere Municipal Code, I the undersigned do hereby respectfully make application to the City of De Pere Health Department for a license. I hereby certify that I am familiar with the laws, ordinances, and regulations pertaining to the conditions of said establishment in the City of De Pere, and I hereby agree, if granted said license, to obey all provisions of said laws, ordinances, and regulations.

**This License is Not Transferable.** You **must** have a **valid** license before operating. All licenses expire June 30<sup>th</sup> annually. A **\$181.00 late fee** will be added to all renewal applications post marked after June 30<sup>th</sup>. Closure of non-current licensed establishments will occur July 20<sup>th</sup> with additional reopening fees added for any operator requiring the above action.

**All food and recreation establishment inspection reports are available online at [De Pere Inspection Reports](#).**

SIGNATURE – APPLICANT:

DATE SIGNED:

Please mail application and payment to:  
**City of De Pere Health Department**  
**335 S. Broadway, De Pere, WI 54115**

#### Office Use Only

Permit Issued \_\_\_\_\_

15 Month Rule \_\_\_\_\_

Total Fee Paid \_\_\_\_\_

## De Pere Health Department Fee Schedule 2024-2025

Please Mark your inspection and license type with an “x” in the (X) column and pay corresponding fees

PRE-INSPECTION	(X)	FEE
Level 1- Prepackaged retail food, tourist rooming house, B&B		\$151.00
Level 2 – All other license types		\$302.00

Tavern/Bar	(X)	Fee
Tavern		\$132.00
Additional Tavern – Bar Area		\$37.00

Retail Food – Serving Meals (Restaurant, Catering, Mobile Restaurant)	(X)	Fee
Prepackaged Retail Food		\$140.00
Simple		\$497.00
Moderate		\$643.00
Complex		\$793.00

Retail Food – Serving Meals w/ Tavern	(X)	Fee
Prepackaged Retail Food		\$272.00
Simple		\$629.00
Moderate		\$775.00
Complex		\$925.00

Retail Food – Not Serving Meals	(X)	Fee
Prepackaged (TCS)		\$143.00
Simple (final product non-TCS)		\$222.00
Simple (final product TCS)		\$477.00
Moderate		\$700.00
Complex		\$1292.00

Schools	(X)	Fee
Limited Service (Satellite)		\$207.00
Full Service (Production Kitchen)		\$293.00

Micro Markets	(X)	Fee
Micro Market - 1 location		\$45.00
Micro Market - 2+ locations (same address)		\$67.00

Temporary Retail Food (Transient)	(X)	Fee
Temporary Retail Food License (transient)		\$188.00
Non-TCS Food		\$93.00
Prepackaged TCS Food only		\$55.00

Other Fees	(X)	Fee
Temporary Retail Inspection Fee		\$49.00
Operating Without a License/Late Fee		\$181.00
Operating Without a Certified Food Protection Manager		\$168.00

Swimming Pools	(X)	Fee
Simple Pool		\$233.00
Simple Pool w/ Features		\$386.00
Moderate Pool		\$349.00
Moderate Pool w/ Features		\$504.00
Complex Pool		\$437.00
Complex Pool w/ Features		\$590.00
Annual Outdoor Pool Sampling Fee		\$84.00
Annual Indoor Pool Sampling Fee		\$101.00

Lodging	(X)	Fee
Tourist Rooming House (TRH) or Short-Term Rental		\$129.00
Bed & Breakfast		\$157.00
Hotel/Motel 5-30 Rooms		\$338.00
Hotel/Motel 31-99 Rooms		\$482.00
Hotel/Motel 100-199 Rooms		\$596.00
Hotel/Motel 200+ Rooms		\$698.00

Campgrounds	(X)	Fee
1-25 Sites		\$215.00
26-50 Sites		\$264.00
51-100 Sites		\$301.00
101-199 Sites		\$347.00
200+ Sites		\$389.00

Tattoo/Body Piercing Establishments	(X)	Fee
Tattoo Establishment		\$214.00
Body Piercing Establishment		\$214.00
Combined Tattoo/Body Piercing Estab.		\$315.00
Temporary Tattoo Establishment		\$140.00
Temporary Body Piercing Establishment		\$140.00
Temporary Combined Tattoo/Body Piercing		\$202.00

Recreational & Educational Camps	(X)	Fee
Simple		\$571.00
Simple w/ Hospitality		\$629.00
Moderate		\$622.00
Moderate w/ Hospitality		\$740.00
Complex		\$664.00
Complex w/ Hospitality		\$833.00

**TOTAL:** \_\_\_\_\_